

**First Presbyterian Church of Mocksville Preschool
Diversity Scholarship Application**

Child's Name: _____ Birth date: _____
First and Last Name month/day/year

Address: _____
Street City State Zip Code

Phone # _____

Mother's Name: _____ Father's Name: _____

With whom does the child live? (CIRCLE ONE)
Mother Father Both Parents Other (name & relationship) _____

Who has legal custody of the child? _____ (Attach supporting documents if there has been a legal custody decision.)

Race/Ethnicity of child:
____ African American/Black ____ Hispanic/Latino ____ Native American/Alaska Native
____ Asian ____ Native Hawaiian/Pacific Islander ____ Multiracial ____ Other

Number in Household: _____

FINANCIAL INFORMATION

This information is used solely to determine scholarship eligibility and will remain confidential.

Mother's information:

Occupation: _____ Place of employment: _____
How long have you worked there? _____ Work phone number _____

Father's information:

Occupation: _____ Place of employment: _____
How long have you worked there? _____ Work phone number _____

Are other adults contributing to the household income? _____ If yes, please explain.

Please describe any special financial circumstances affecting the family's budget.

Household Income: _____

PLEASE ATTACH A COPY OF PAY STUBS AND DOCUMENTATION OF OTHER INCOME (SUCH AS CHILD SUPPORT, SSI, etc.)

Scholarship requests will not be considered without some proof of income document. It may be used to determine eligibility and is required to reduce fraud. This information will be kept secure and will be shredded after scholarships have been awarded.

I hereby certify that all the information in this application is true and accurate to the best of my knowledge.

Signature

Date